

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/								51			
2		/							52			
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47	/								97			
48	/								98			
49		/							99			
50									100			
Total									Total			
Indep									Indep			
Total									Total			
Depend									Depend			
Total									Total			
Claims									Claims			